



# Arizona State Board of Massage Therapy

1400 W. Washington, Ste. 230 ♦ Phoenix, AZ 85007

Phone: 602-542-8604 ♦ Fax: 602-542-3093

Website: [www.massageboard.az.gov](http://www.massageboard.az.gov)

Dr. Craig Runbeck, Executive Director

State of  
Arizona  
Janet Napolitano  
Governor

## APPLICATION

- Check the appropriate box: ☐ Regular License Application  
☐ Provisional License Application  
☐ Reciprocity License Application

Application & 2-year License Fee \$250.00 + \$29 for your fingerprint background check. Total amount due with your application = **\$279**

Tape, glue or staple  
Current Photograph Here.

### PERSONAL DATA ALL QUESTION MUST BE ANSWERED

(Type or Print legibly)

1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Name: (This will be how your name will appear on your license)

\_\_\_\_\_  
(First) (Middle) (Last)

3. List all other names or alias' previously or currently being used by you:

\_\_\_\_\_  
(Maiden) (Nicknames or others)

4. Business address: (This will be public record)

\_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

5. Mailing address if different from Home/Business:

\_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

6. Home address: (This will be public record if no other address is supplied).

\_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

7. Phone numbers (required): (H) \_\_\_\_\_ (Wk) \_\_\_\_\_

8. Additional phone numbers if any (Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

9. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Month Day Year City County State

10. Are you a US Citizen? \_\_\_\_ Yes \_\_\_\_ No. If not, are you a legal resident of the United States? \_\_\_\_ Yes \_\_\_\_ No

**If you are not a US Citizen, attach a copy of your Green Card to this application.**

11. Are you authorized to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

12. Gender: \_\_\_\_ Male \_\_\_\_ Female

13. Residential addresses during the past 5 years: (include present address if different than address listed in #6). List in chronological order, beginning with most recent. Include apartment, suite or room numbers.

(a) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(Number) (Street) (City, State, Zip)

(b) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(Number) (Street) (City, State, Zip)

(c) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(Number) (Street) (City, State, Zip)

[Attach a separate sheet of paper as needed for additional residential addresses]

## EDUCATION AND TRAINING: MUST BE FILLED OUT

14. Name and address of High School(s) attended: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Date of graduation: \_\_\_\_\_

or Date GED earned \_\_\_\_\_ / \_\_\_\_\_ Jurisdiction/State where earned: \_\_\_\_\_  
Month Year

**YOU MUST Attach a copy of your High School diploma or General Equivalency Diploma to your application.**

[You may attach a separate sheet of paper for additional listing of schools.]

15. Name and address of the accredited massage school attended: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

16. Number of classroom hours completed: \_\_\_\_\_ Date of graduation \_\_\_\_\_

17. Type of degree obtained, please check the one you received: Diploma \_\_\_\_\_ Associate \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

**Course of study must be in an accredited program of Massage Therapy or Bodywork Therapy. (See Rule R4-15-101.1) You must request an official transcript from that school/college. The school/college must send your transcript directly to the Board.**

## EXAMINATION: If you are applying as a Regular or Reciprocity applicant

18. Applicant's National Massage Therapy Certification Number issued by the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) and date of Certification, **if applicable**.

Date Passed	Certificate Number

19. Date National Certificate Board examination was passed: \_\_\_\_\_

**A Copy of your exam results must be sent to the Massage Therapy Board directly from NCBTMB.**

**YOU MUST ANSWER ALL QUESTIONS by checking the appropriate yes/no box.**  
**You are required to submit a written explanation and attach copies of all supporting documents to this application if you answer yes to any of the following questions.**

The fact that a conviction and/or criminal offense has been pardoned, expunged, dismissed or that your civil rights have been restored does not mean that you can answer "NO" to the following questions.

20. Have you, within 5 years before the date of this application, been convicted of or entered a plea of no contest to any felony or a misdemeanor involving moral turpitude or prostitution, solicitation or other similar offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you answered YES to this question you must attach a copy of the court document relating to the offense. The documentation must include: date of conviction; Court having jurisdiction over the offense; Copy of the notice of expungement, if applicable and copy of notice of restoration of civil rights, if applicable.</b>	
21. Pursuant to A.R.S. 32-3208 (A) as cited below; have you been charged with a felony or a misdemeanor involving conduct that may affect patient safety after receiving or renewing a health care license or certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Within five years before the date of this application have you been convicted of an act involving dishonesty, fraud, misrepresentation, gross negligence or incompetence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are you currently incarcerated or on community supervision after a period of incarceration in a local, state or federal penal institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Within five years before the date of this application have you had a massage therapy certification/license revoked or suspended by a national massage therapy certifying agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Within five years before the date of this application have you voluntarily surrendered a license under A.R.S. § 32-4254 or had a license revoked by a political subdivision of this state or a regulatory board in another jurisdiction in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are you currently under investigation, suspension or restriction by a political subdivision of this state or a regulatory board in another jurisdiction in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you practiced massage therapy in this state or in another jurisdiction of the United States within the five years before the date of this application <b><u>without the required license</u></b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Have you ever had an application for a professional license refused or denied by a licensing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever been the subject of disciplinary action by a certifying/licensing agency with regard to any professional license?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Notice to Applicant:**

**A.R.S. §32-3208. Criminal charges; mandatory reporting requirements; civil penalty**

**A. A health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony after receiving or renewing a license or certificate must notify the health professional's regulatory board in writing within ten working days after the charge is filed.**

**E. The regulatory board may deny the application of an applicant who does not comply with the notification requirements of this section.**

### 30. Affidavit of Applicant – MUST BE FILLED OUT & NOTARIZED

**This application will be returned to the applicant if this form is not signed by the applicant and the signature is not properly notarized. You should keep a photocopy of this form for your records.**

I, \_\_\_\_\_, certify that I am the person described and identified in this application;  
(Print Name)

I have answered all of the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I authorize all institutions or organizations, including educational institutions and organizations, my references, employers (past and present), business and professional associations (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Board any information, files or records required by the Board in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice Massage Therapy in the State of Arizona.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ by the affiant, who personally appeared before me.

My Commission expires: \_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

(OFFICIAL STAMP)